

WEST SUFFOLK COUNTY COUNCIL

ANNUAL REPORT

of the

Principal School Medical Officer

for the

YEAR 1955

D. A. McCRACKEN, M.D., D.P.H.,

Principal School Medical Officer.

Westgate House,

Bury St. Edmunds.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting for your consideration the report of the work of the School Health Service for the year ended 31st December, 1955.

The work of the service has been greatly facilitated by a noticeable improvement in the degree of co-operation with hospitals, general medical practitioners and the head teachers of the schools.

I am particularly grateful to Dr. R. Mayon-White, the consultant paediatrician, and to Dr. J. G. Howells, the consultant psychiatrist, for the free exchange of information which has helped towards improving the health of the child population.

Whilst there is still an acute shortage of dental surgeons, I am again pleased to record that there has been an improvement in the service available to school children. The need for more adequate premises in Bury St. Edmunds, and for the provision of proper dental surgeries at Newmarket and Sudbury, continues.

I gratefully acknowledge the keen interest taken in the work of the Department by the Chairman and members of the Education Committee, and thank the Chief Education Officer and the County Architect for their willing and helpful co-operation throughout the year. The co-operation of the head teachers and their staffs merits special commendation since, as a result of their help, the medical and dental work undertaken in the schools has progressed satisfactorily. I acknowledge the continued support and sustained work carried out by my own medical and lay staff.

I have the honour to be,

Your obedient Servant,

DAVID ANDREW McCracken,

Principal School Medical Officer.

27th July, 1956.

STAFF OF THE SCHOOL HEALTH SERVICE ON 31-12-55.

<i>Principal School Medical Officer</i>	..	..	David Andrew McCracken, M.D., D.P.H.
<i>Deputy Principal School Medical Officer</i>	..	..	Alison J. Rae, M.R.C.S., L.R.C.P., D.P.H.
<i>School Medical Officers</i>	..	..	T. A. H. Smith, M.B., Ch. B. *G. P. Barclay, M.B., Ch.B., D.P.H. *P. Coggin Brown, M.R.C.S., L.R.C.P., D.P.H.
<i>Principal School Dental Officer</i>	..	..	S. H. Pollard, L.D.S.
<i>Dental Officers</i>	..	..	P. T. Fuller, L.D.S., (part-time) (to 31-3-55). J. Dewar, L.D.S. (part-time). R. E. Lee, L.D.S., (part-time) (from 3-1-55)
<i>Superintendent School Nurse/Health Visitor</i>	..	..	Mrs. Marjorie P. Williams, S.R.N., S.C.M., H. V. Cert.
<i>School Nurses, etc.</i>	..	..	One School Nurse, 15 School Nurse/Health Visitors (two part-time) and three Dental Attendants (two part-time).
<i>Speech Therapist</i>	..	..	Miss Barbara M. Elton, L.C.S.T. (resigned 31-12-55)
<i>Administrative Officer, Health Department</i>	..	..	Miss Dorothy L. R. Kilner
<i>Senior Clerk for School Health Service</i>	..	..	Mrs. Margaret J. Wells-Gardner

*Also Medical Officer of Health for County districts.

GENERAL STATISTICS.

The county of West Suffolk has an area of 390,916 acres. The latest estimated population at mid-1955 was 123,900. There are no county boroughs within the county.

The average number of children on the rolls of the schools during 1955 was 16,855 and the average attendance was 15,173.

At the end of 1955 there were 136 schools in the county, five being grammar schools, nine modern secondary schools, 121 primary schools and one a nursery school. Forty-seven were county schools, 72 controlled voluntary schools and 17 aided voluntary schools. There are no day or residential special schools. Children recommended for special education are placed in residential schools or hostels outside the county.

MEDICAL INSPECTION.

Medical inspections were carried out at all but ten schools, where, owing to illness amongst the school medical officers, inspections had to be postponed. The doctors' findings are recorded in the tables at the end of this report. A table giving the heights and weights of children aged five to 15 years appears on page 10.

In previous annual reports I have commented with satisfaction that most children found to be in need of treatment for physical defects were already receiving it through the National Health Service. This was also the case in 1955. As was to be expected, it was for defective vision that most children were referred by the school doctors for further advice.

I am indebted to the specialists who sent me reports on many children admitted to hospitals or attending out-patients departments, and to the general practitioners who gave me information about children in their care. This knowledge is invaluable to the School Health Service.

At Lavenham County Primary School inspections were carried out on different lines from usual, and the following is an account of them:

Medical Inspections at Lavenham County Primary School.

In accordance with the suggestions made by the Minister of Education in Circular 269, trial was started of a somewhat different routine for school medical inspections at one school in the county.

The school selected for the purpose was Lavenham County Primary, at present an all-age school which takes children from this large village and from a few small villages nearby. The area is well served by general practitioners resident in Lavenham and the outskirts of the area served by the school. For some years the monthly infant welfare centre has been held in the Guildhall adjacent to the school.

During 1955 the school medical officer visited the school each month (except August) on the day of the infant welfare centre and spoke to the headmaster about the pupils. Each month the parents of a few children who had recently started school life were sent individual letters, asking them to attend

with their children, and the pleasant clinic waiting and medical consultation rooms were made available for leisurely examinations. Twenty-one children began school life during 1955 ; all were examined and in 18 cases the mother or a near female relative was present, including some who came from outlying villages. Some of the children had attended the infant welfare centre up to the time of going to school.

The general condition of each child was recorded as either A or B, that is, all were considered to be in a satisfactory general condition. None was found to have any defect, except dental caries, although one had had an operation for the repair of an umbilical hernia. None had had their tonsils or adenoids removed. The unfortunate fact that there were insufficient school dental surgeons at present available to enable regular visits to be paid to this school, was explained to all the parents and they were advised to take their children meanwhile to dental surgeons working in the National Health Service, for regular inspection and any necessary treatment.

Only 14 of the 21 children had been vaccinated. It was regretted that the percentage of entrants immunised against diphtheria was lower than is usual at this school, for the parent of one of the 21 had refused immunisation in the child's infancy and, when seen at the inspection, was still of the same opinion ; the parents of two other children immunised in infancy had refused reinforcing doses. The last-mentioned parents, living in outlying villages, did not attend the inspection and, although the school nurse/health visitor called at their homes, she was unable to secure the necessary consents. The other 18 children received reinforcing doses, either from their own doctors or at the infant welfare centre before starting school, or at school.

An unexpected feature of the inspections was the ready response to vision testing with the "E" chart, only one child having to be tested on more than one occasion before being fully co-operative.

The vision of all those who became 11 years of age during the year was tested, and here again an unexpected but pleasing finding was, that no child was found to have defective vision who was not already receiving the necessary treatment from the Regional Hospital Board's children's eye clinic, or from an ophthalmic medical practitioner.

As at other schools in the county, all children due to leave during 1956 were seen in 1955, and also any "specials" and "reinspections".

It is proposed to follow the same routine at this school during 1956.

School Clinics.

No minor ailment clinics were held but, where necessary, children were seen at the weekly clinic held in Bury St. Edmunds or before or after infant welfare clinics. A list of all these clinics appears below. Most of the children attended for inoculation against diphtheria, for examination regarding their fitness for employment outside school hours, because they were thought to need some modification of school routine or because their behaviour or educational progress was causing concern. It is noticeable that the School Health Service is called upon to deal with an increasing number of "behaviour problems," especially amongst boys and usually arising from unstable home backgrounds

Bury St. Edmunds	..	Lower Baxter Street Clinic	..	Saturday mornings
Hadleigh	..	Congregational Church School-room	..	1st & 3rd Mondays in each month
Long Melford	..	Village Hall	..	1st Tuesday
Newmarket	..	Fitzroy Street	..	1st & 3rd Tuesdays
Bildeston	..	Chapel Schoolroom	..	1st Wednesday
Wickhambrook	..	Women's Institute Hall	..	1st Thursday
Elmswell	..	School Dining Hall	..	1st Thursday
Sudbury	..	Youth Club Premises	..	1st & 3rd Thursdays
Mildenhall	..	Bunbury Rooms	..	1st Friday
Haverhill	..	Welfare Hall, Lordscroft Lane	..	1st & 3rd Fridays
Lavenham	..	Guildhall	..	2nd Tuesday
Clare	..	British Legion Hall	..	2nd Tuesday
Boxford	..	Village Hall	..	2nd Wednesday
Rickinghall	..	Village Hall	..	2nd Thursday
Great Waldingfield	..	Acton Aerodrome	..	2nd Friday
Nayland	..	Congregational Church Room	..	3rd Wednesday
Ixworth	..	Village Hall	..	3rd Thursday
Rougham	..	Village Hall	..	3rd Friday
Glemsford	..	Old School	..	4th Tuesday
Badwell Ash	..	Church Hall	..	4th Tuesday
Brandon	..	Church Institute	..	4th Tuesday
Lakenheath	..	Peace Memorial Hall	..	4th Thursday
Gt. Cornard	..	Church Hall	..	4th Friday
Barrow	..	Reading Room	..	4th Friday

HANDICAPPED PUPILS.

Blind and Partially Sighted Pupils.

There were no blind educable children in the county. Three partially sighted children attended a special school and five whose vision was very poor, even with glasses, were adequately provided for at ordinary schools. Part-time tuition was given at home to a 15-year-old partially sighted boy who had not long been living in the county and for whom residential education was not advised.

Deaf and Partially Deaf Pupils.

Eleven deaf and two partially deaf children attended special schools, three of the deaf children having been admitted before reaching compulsory school age.

Six children having hearing aids attended ordinary schools.

Delicate Pupils.

One delicate child spent five months at a residential school. Seven children were known to be diabetic, but were able to attend ordinary schools and to lead more or less normal lives.

Educationally Subnormal Pupils.

Twenty-one educationally subnormal children attended special schools. This number included two boys whose hearing was defective, but who were thought to be suitably placed, one of whom reached school-leaving age during the year.

Six children, four of them in special schools, were reported to the Local Health Authority as being in need of supervision after leaving school, in accordance with section 57 (5) of the Education Act, 1944.

Epileptic Pupils.

Two epileptic children attended a special school. At the end of 1955 there were 32 children with histories of fits attending ordinary schools. Few were reported to have had fits in schools.

Maladjusted Pupils.

At the end of the year three maladjusted children were attending special residential schools, and three were at suitable independent schools. A sixth was in a hostel and a seventh was an in-patient in hospital. All were boys.

A girl suffering from a severe nervous disorder received education at home, and one of the County Council's Welfare Officers, who specialises in this work, provided her with occupational therapy. Unfortunately she had to return to a hospital special school late in the year.

One boy, who for two years had been excluded from school on the psychiatrist's advice, continued to have homework sent to him until he reached school-leaving age. Admission to a special school had not been recommended in his case.

Forty children attending maintained schools were seen as new cases at the child psychiatry clinics provided by the East Anglian Regional Hospital Board.

Physically Handicapped Pupils.

One child, severely crippled by poliomyelitis, was admitted to a special school in January 1955. Twenty-seven children received education in hospitals outside the county and three West Suffolk children were taught by the peripatetic teachers at Newmarket General Hospital.

Pupils Suffering from Speech Defects.

Speech Therapy continued at clinics in Bury St. Edmunds, Newmarket, Sudbury and Brandon and, where necessary, the therapist saw children in school or at home. During the year she treated 106 children attending maintained schools. Treatment was undertaken in 46 new cases, an increase on previous years; 35 children were discharged, and at the end of the year 12 new cases were awaiting attention.

Ascertainment of Ineducable Children.

Six children were seen by the school medical officers and reported to the Local Health Authority as ineducable in accordance with Section 57 (3) of the Education Act, 1944.

INFECTIOUS DISEASES.

Influenza and colds caused much absence from school during the Spring term, and in November an unusually large number of cases of scarlet fever occurred in one school. It was not thought necessary to close any schools.

West Suffolk was fortunate in that only two school children were diagnosed as suffering from poliomyelitis, one having residual paralysis.

Mass Radiography.

After a girl attending a modern secondary school had been diagnosed as suffering from meningeal tuberculosis, arrangements were made for the East Anglian Regional Hospital Board's mass radiography unit to visit the school and X-ray the staff and pupils, and for those who required further investigation to be seen by the consultant chest physician. Only one parent refused to allow a child to be X-rayed. No evidence was found that the source of infection was associated with the school.

FOOD POISONING.

During October a sharp outbreak of "winter vomiting" took place at Stoke-by-Nayland School, which has a nominal roll of 116 pupils. During the period 4th to 7th October 34 cases occurred, whilst in addition there was an isolated clinical case on 28th September.

The onset of the active vomiting was preceded by nausea and abdominal pain, but this appears to have been absent in about half the cases investigated. In only 2 cases was a history of dizziness elicited. Diarrhoea was not a prominent feature, because only three children suffered from this symptom.

Most of the children vomited once only, and only five more than twice. Investigations of the immediate home contacts showed that there were 18 persons suffering from a similar condition and of this number, only two complained of diarrhoea. The average duration of the illness was one day, but four children were absent from school for three days. Detailed investigations of the outbreak showed that the infection was not confined to any particular class in the school. Bacteriological examination of the school meals, contacts, milk supply, water supply, etc. were all reported negative for pathogenic bacteria.

Immunisation against Diphtheria and Whooping Cough.

Parents whose children had not been inoculated against diphtheria, or had not been given reinforcing inoculations, before admission to school, were urged to let them be treated by their private doctors or at schools or clinics. Combined inoculations against diphtheria and whooping cough were given at clinics when requested by parents.

Thanks are due to headmasters and headmistresses for their help and interest in this work.

The following table shows the number of school children treated. The figures given for private practitioners are those received from the practitioners themselves. :

		<i>Private Practitioners.</i>	<i>School Medical Officers.</i>
Inoculations against Diphtheria	{ Primary	5	273
	{ Reinforcing	103	1,207
Inoculations against Whooping Cough	{ Primary	2	—
	{ Reinforcing	1	—
Combined Inoculations against Diphtheria and Whooping Cough	{ Primary	18	77
	{ Reinforcing	3	14

VERMINOUS CHILDREN.

The school nurses carried out 43,603 head inspections and found 132 individual children verminous — a proportion of 0.87 of the average number of children in attendance at school. This is the lowest figure yet recorded, and it includes children from families who are repeatedly found verminous, being cleansed when followed up by the nurses but relapsing later. Live vermin were rarely found.

The nurses' practice is to inspect all the children's heads termly and to get in touch with the parents of all found to have live vermin or nits, giving them printed directions for cleansing and, if necessary, an emulsion. Small-tooth combs are lent or sold to parents requiring them. Where desirable the children are excluded from school, and in any case they are followed-up by the nurses until their freedom from vermin is assured.

EMPLOYMENT OF CHILDREN OUTSIDE SCHOOL HOURS.

In accordance with the County Council's Byelaws the school doctors examined 233 children wishing to follow employment outside school hours. In only one instance was a certificate of fitness withheld.

MEDICAL AND DENTAL EXAMINATION OF CHILDREN IN THE CARE OF THE COUNTY COUNCIL.

The medical officers inspected all children in the long-term care of the County Council, doing most of this work in the school summer holidays, and the dental officers inspected all aged three years and over. Special examinations were also carried out when asked for by the Children's Officer and, as in previous years, a number of children boarded out in this county by the East Suffolk County Council were examined on behalf of that Authority.

EXAMINATION OF ENTRANTS TO COURSES OF TRAINING IN TEACHING AND THE TEACHING PROFESSION.

In accordance with Ministry of Education Circular 249 the school medical officers examined 37 entrants to teachers' training colleges and nine entrants to the teaching profession.

REPORT BY THE PRINCIPAL SCHOOL DENTAL OFFICER.

Staffing.

An additional part-time dental officer took up duty in January, 1955, but the resignation of another part-time officer took effect on 31st March. As a result the staff available during the last three quarters of the year was substantially the same as last year. The possibility of recruiting full-time officers seems to be as remote as ever.

Dental Inspection.

The number of children inspected shows a considerable increase but does not yet include one-half of the children attending maintained schools. The proportion found to require treatment is less than in the previous years, which should make it possible to include additional schools in routine (annual) dental inspections in the future.

Dental Treatment.

The number of children treated per session shows an improvement. The accumulated arrears of work in the schools now receiving regular dental inspections, are gradually being eliminated, so that the amount of treatment required by the individual child is reduced (at each annual inspection) to a more manageable level.

Orthodontics.

Notice has been received that in future years a separate return will be required by the Ministry of Education of orthodontic cases. This is an indication of the importance now being attached by the Ministry to this particular form of treatment. It should be clearly understood that orthodontics is not entirely (or even mainly) concerned with aesthetics, even though in certain circumstances this can be a matter of great psychological importance. The aim of the orthodontist is to correct, where possible, irregularities of the teeth and faulty positioning of the lips, etc., which undoubtedly predispose to dental decay or inflammation of the gums. Orthodontics is an important branch of preventive dentistry.

S. H. POLLARD,

Principal School Dental Surgeon.

PROVISION OF MEALS AND MILK IN SCHOOL.

The Chief Education Officer has kindly furnished the following Report :

"There has during 1955 been a substantial increase in the number of meals served from the Committee's canteens and central kitchens. During the spring Term the daily average number was approximately 8,100 ; during the Summer Term the figure was 8,700 ; and for the Autumn Term it reached 9,500, which represents the highest number ever attained. Of this total an average of about 150 were supplied to independent schools in Bury St. Edmunds, Newmarket and Hadleigh.

“The cost of providing the meal has continued to increase. For the financial year 1954-55 the overhead cost was 9.97d. per meal, and it is estimated that this will rise to 10.65d. for 1955-56. The cost of food in the year 1954-55 was 8.31d. per meal while it is estimated that for the current year this will rise to 9.60d., though this figure has not yet been approved by the Minister of Education. This substantial rise in the cost of food is, of course, largely due to rising prices, but also the result of improvements in the variety of the meals.

“One completely new canteen was opened during the year — at the Clare Secondary School — where about 270 meals are served daily. At the other extreme, the small kitchen at Sedge Fen was also re-opened. At a number of schools the increase in the number of diners made it necessary to install additional equipment, and notable amongst these were Bury St. Edmunds King Edward VI Grammar School, Beyton Secondary School and Mildenhall Secondary School, where substantial additions had to be made. New premises have also come into use at Acton C.V. Primary and Elmsett C.V. Primary School. At Acton the ground floor of the former Head Teacher’s house has been converted into a dining room and scullery, and at Elmsett rooms in the former Head Teacher’s house are now used as a scullery, thus avoiding the necessity of doing the preparation and washing up in one of the classrooms.

“A substantial amount of improvement in equipment in other kitchens and sculleries has also been undertaken during the year. It is interesting to report that there now remains only one small school in which the cooking is done by oil, most of the other small kitchens having now been re-equipped with apparatus using Calor Gas. Similar action has been taken in the sculleries of schools taking meals from the central kitchens, and now only five of these use oil equipment. The Committee also continues to install running water in kitchens where this becomes available, and four or five canteens have been so improved during the year.

“Difficulties are still being experienced in obtaining suitable staff in the kitchens. This is particularly the case in the large canteens where supervisors or cook-supervisors with some training and qualifications are looked for. One result of this is that the Committee were without a mobile supervisor from the beginning of the year until October, so that much extra work fell on the School Meals Organiser and her assistant. As much as possible is continuing to be done in the training of kitchen staffs, and a one day course for cooks and assistant cooks was held in Bury St. Edmunds during the summer holidays. A new development in this direction is that the Committee have agreed to three or four of their kitchen staff being released on one half-day a week to attend a course on Institutional Cookery at the Cambridgeshire Technical College.”

Milk in Schools.

One-third of a pint of milk (either pasteurised tuberculin tested, pasteurised or tuberculin tested) was available on every school day to every child attending a maintained school. On a day chosen at random in October, 1955, milk was taken by 12,849 children, representing about 76% of the school population.

The Chief Sampling Officer, under my general direction, continues to supervise the quality of milk supplied, and the following are the results of tests carried out :

	<i>Passed</i>	<i>Failed</i>	<i>Invalid or Not Tested</i>	<i>Total</i>
Pasteurised Milk :				
Phosphatase Test ..	126	3	2	131
Methylene Blue Test ..	94	1	36	131
Tuberculin Tested Milk :				
Biological Examination	5	—	1	6
Methylene Blue Test ..	5	—	1	6

The causes of the failures were investigated with a view to preventing recurrence.

PHYSICAL EDUCATION.

I am also indebted to the Chief Education Officer for the following report :

“The Authority has continued to provide Agility Apparatus to Primary Schools so that the work is able to conform with suggestions in the latest Ministry of Education publications. This is a long term policy and will take several years to complete, thus spreading the total expenditure over a longer period. No Primary School is short of portable or games apparatus.

“Demonstration lessons have been taken for teachers in several schools.

“GAMES.

The Senior Schools Netball Rally was held at the Silver Jubilee Girls’ School and the Junior Netball Rally at the St. Edmundsbury School. Both were very well attended.

The usual full programme of Soccer games has been held in both secondary and primary sections. The West Suffolk County side did reasonably well in the English School Shield Competition and have won the Suffolk County Championship. A West Suffolk schoolboy has been selected for an All England Trial, and it is hoped that he will be successful and become the first West Suffolk schoolboy to be awarded an English International Cap.

“ATHLETICS.

District Sports.

These were extremely well attended, more schools and children entered the events than in the previous year and records were again broken.

County Sports.

These were held at Bungay and West Suffolk again won the County Championship for the fourth consecutive time by a very handsome margin.

All England Sports, Manchester, Lancs.

At the All England Sports, Suffolk won the Minor Counties Trophy for the second time in four years and finished well in the top half of the Major Championship. West Suffolk supplied more than half of the County team.

“PLAYING FIELDS.

New playing fields have come into use at Clare, Kedington, Hadleigh Junior Girl's and Infants' and Beck Row, Mildenhall.

“STAFFING.

There are still vacancies in the Secondary schools for teachers of Physical Education and at Hadleigh, Sudbury and the Silver Jubilee Girls' Schools, the girls' work is being taken by non-specialists and by local part-time visiting teachers.”

SCHOOL BUILDINGS.

For the following report I have to thank the County Architect :

“The Secondary Modern School at Clare was completed and brought into use at the beginning of the year and the new Block at the King Edward VI Grammar School was completed in time for its occupation at the beginning of the Autumn Term.

“The erection of the Secondary Modern School at Ixworth was commenced in March ; work on the extensions to enlarge the Secondary Modern School at Mildenhall from a two-form entry to a three-form entry was commenced in August.

“At Bradfield St. George Controlled V.P. School, water borne sanitary offices for the staff and pupils have been erected, and lavatory accommodation has been provided for female staff at Lakenheath and Polstead County Primary Schools.

“ Additional classroom blocks together with sanitary offices, cloakroom and storage accommodation have been provided at Honington Controlled Voluntary and Mildenhall Beck Row and Wickhambrook County Primary Schools ; similar additions at Barningham Controlled Voluntary and Tollgate County Primary Schools were commenced towards the end of the year.

“During the year, some decorations were carried out to all the Secondary Schools excepting Beyton and Mildenhall and the new School at Clare, and to twenty-seven Primary School premises, numerous minor improvements such as the provision of exhibition panels and roller type blackboards also new windows so as to improve natural lighting, being included.

“Other improvements include extensions to paved surfaces at two, and resurfacing at a further seven, Primary Schools; piped water supplies to ten and basins in eight, also improvements to the sanitary offices at Newmarket Exning Road County Primary School.

“The Committee's policy of installing electricity when possible together with additions to existing installations has continued.

THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.

The Society's local inspector reports that 131 new West Suffolk cases, affecting 194 school children, were brought to his notice during the year and that 687 supervision visits were paid to “old cases” including children of all ages. Miscellaneous visits, again connected with children of all ages, numbered 1,086. The Society's help and co-operation is always very much appreciated.

STATISTICS.

TABLE 1.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS.

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups.

Entrants (mainly born in 1950, or in 1949 but not examined previously)	1,586
Second Age Group (mainly born in 1944, or in 1943 but not examined in 1954) ..	1,401
Third Age Group (mainly born in 1941 or 1940)	1,077
Total	4,064
Number of other Periodic Inspections	497
Grand Total ..	4,561

B.—OTHER INSPECTIONS.

Number of Special Inspections	244
Number of Re-Inspections	2,938
Total ..	3,182

C.—PUPILS FOUND TO REQUIRE TREATMENT.

<i>Group.</i>	<i>For defective vision (excluding squint).</i>	<i>For any of the other conditions recorded in Table II.</i>	<i>Total individual pupils.</i>
Entrants	47	109	144
Second Age Group	123	50	166
Third Age Group	130	43	134
Total (prescribed groups)	300	202	444
Other Periodic Inspections	43	27	65
Grand Total	343	229	509

D. —CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE
YEAR IN THE AGE GROUPS.

<i>Age Groups.</i>	<i>Number of Pupils Inspected.</i>	<i>A. (Good)</i>		<i>B. (Fair)</i>		<i>C. (Poor)</i>	
		<i>No.</i>	<i>% of Col. 2</i>	<i>No.</i>	<i>% of Col. 2</i>	<i>No.</i>	<i>% of Col. 2</i>
Entrants	1,586	402	25.35	1,069	67.40	115	7.25
Second Age Group ..	1,401	440	31.40	900	64.24	61	4.36
Third Age Group ..	1,077	247	22.94	805	74.73	25	2.33
Other Periodic Inspections ..	497	143	28.77	334	67.20	20	4.03
Total ..	4,561	1,232	27.01	3,108	68.14	221	4.85

TABLE II.
RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

<i>Defect or Disease.</i>	<i>Periodical Inspections,</i>		<i>Special Inspections.</i>	
	<i>No. of defects.</i>		<i>No. of defects.</i>	
	<i>Requiring treatment</i>	<i>Requiring observation only</i>	<i>Requiring treatment</i>	<i>Requiring observation only</i>
Skin	35	25	—	—
Eyes— (a) Vision ..	343	280	9	7
(b) Squint ..	20	11	—	—
(c) Other ..	4	16	3	—
Ears — (a) Hearing ..	1	10	1	—
(b) Otitis Media	7	23	—	—
(c) Other ..	—	9	—	—
Nose or Throat ..	29	172	—	4
Speech	21	14	20	2
Cervical Glands ..	1	37	—	—
Heart and Circulation..	2	22	—	—
Lungs	43	94	—	3
Developmental—				
(a) Hernia ..	4	15	—	—
(b) Other ..	4	7	—	—
Orthopaedic—				
(a) Posture	2	12	—	1
(b) Flatfoot	4	15	—	—
(c) Other ..	42	103	2	2
Nervous system—				
(a) Epilepsy ..	5	2	1	—
(b) Other ..	—	10	—	—
Psychological—				
(a) Development	3	57	3	8
(b) Stability	—	30	3	7
Other	11	36	—	3

TABLE III.
AVERAGE HEIGHTS AND WEIGHTS OF SCHOOL CHILDREN.

<i>Children Measured and Weighed.</i>	<i>Year of Birth.</i>	<i>Average Height</i>		<i>Average Weight</i>	
		<i>Ft.</i>	<i>Ins.</i>	<i>Sts.</i>	<i>Lb.</i>
72 boys	1950	3	7 $\frac{1}{4}$	3	0 $\frac{1}{2}$
70 „	1949	3	9 $\frac{1}{4}$	3	4 $\frac{3}{4}$
52 „	1948	3	10 $\frac{1}{2}$	3	11 $\frac{1}{2}$
44 „	1947	4	2	4	2
43 „	1946	4	4	4	9 $\frac{1}{4}$
30 „	1945	4	5 $\frac{1}{2}$	4	13
73 „	1944	4	8	5	4 $\frac{1}{2}$
31 „	1943	4	9 $\frac{1}{2}$	5	11
46 „	1942	5	0 $\frac{1}{2}$	6	6
83 „	1941	5	1	6	11 $\frac{3}{4}$
27 „	1940	5	4 $\frac{1}{4}$	8	4
71 Girls	1950	3	6 $\frac{1}{2}$	2	13 $\frac{3}{4}$
39 „	1949	3	8 $\frac{1}{4}$	3	1
48 „	1948	4	0	3	8 $\frac{1}{4}$
39 „	1947	4	1 $\frac{1}{2}$	3	13 $\frac{1}{2}$
34 „	1946	4	2 $\frac{1}{4}$	4	3 $\frac{1}{2}$
24 „	1945	4	5 $\frac{1}{4}$	4	11 $\frac{3}{4}$
69 „	1944	4	8 $\frac{1}{2}$	5	6 $\frac{1}{2}$
29 „	1943	4	9 $\frac{1}{2}$	5	11
28 „	1942	5	2 $\frac{1}{2}$	7	7 $\frac{3}{4}$
72 „	1941	5	1 $\frac{3}{4}$	7	7 $\frac{3}{4}$
20 „	1940	5	6 $\frac{3}{4}$	7	12 $\frac{1}{2}$

TABLE IV.

DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected by the Authority's Dental Officers—						
(a) At Periodic Inspections	..	..	..	..	..	6,858
(b) As Specials	..	..	..	..	..	91
				Total	..	<u>6,949</u>
(2) Number found to require treatment..	..	..	..	..	..	4,285
(3) Number offered treatment	..	..	..	..	..	4,235
(4) Number actually treated	..	..	..	..	..	2,251
(5) Attendances made by pupils for treatment	..	..	..	..	..	<u>6,431</u>
(6) Half-days devoted to : Periodic Inspection	..	..	..	..	..	74
Treatment	..	..	..	..	..	<u>931½</u>
				Total	..	<u>1,005½</u>
(7) Fillings — Permanent Teeth	..	..	..	..	..	4,501
Temporary Teeth	..	..	..	..	..	320
				Total	..	<u>4,821</u>
(8) Number of Teeth filled — Permanent Teeth	..	..	..	..	..	3,674
Temporary Teeth	..	..	..	..	..	296
				Total	..	<u>3,970</u>
(9) Extractions — Permanent Teeth	..	..	..	..	..	532
Temporary Teeth	..	..	..	..	..	1,199
				Total	..	<u>1,731</u>
(10) Administration of general anaesthetics for extraction	..	..	..	..	..	<u>431</u>
(11) Other Operations — Permanent Teeth	..	..	..	..	..	1,448
Temporary Teeth	..	..	..	..	..	690
				Total	..	<u>2,138</u>

